



OFFICE OF THE SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

**CHANGE OF ADDRESS FOR REGISTERED MARK OWNER**

**Filing Fee: \$25.00**

1. Name of Record Owner:		
2. State of Formation of the Owner <i>if other than a natural person</i> :		
3. Connecticut Registration Number: _____		
4. New Address of Mark Owner:		
EXECUTION:		
I hereby declare under the penalties of false statement that the statements made in the foregoing application is true.		
5. _____ Date	6. _____ Name of Signatory	7. _____ Title of Signatory <i>if applicable</i>
8. _____ Signature		